

Application Data Sheet

Application Information

Application number::	Not Yet Assigned
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	Listing
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	<i>B. ANTHRACIS</i> PREVENTION AND TREATMENT: MUTANT <i>B. ANTHRACIS</i> LACKING LUXS ACTIVITY AND FURANONE INHIBITION OF GROWTH, AI-2 QUORUM SENSING, AND TOXIN PRODUCTION
Attorney Docket Number::	05986/100M724-US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	22
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Marcus
Middle Name::	B.
Family Name::	Jones
City of Residence::	New York

State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 564 1st Avenue
Apt. 15L
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10016

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Martin
Middle Name:: J.
Family Name:: Blaser
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 9 Washington Mews
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10003

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: K.
Family Name:: Wood
City of Residence:: Tolland
State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 15 Doe Run

City of mailing address:: Tolland

State or Province of mailing address:: CT

Postal or Zip Code of mailing address:: 06084

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ren

Middle Name::

Family Name:: Dacheng

City of Residence:: Ithaca

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 201 Maple Ave., Apt B #23

City of mailing address:: Ithaca

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 14850

Correspondence Information

Correspondence Customer Number:: 07278

Representative Information

Representative Customer Number:: 07278

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/462,254	04/11/03
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